

# 2016-2017 Knightdale Parks and Recreation Track Out Program

950 Steeple Square Court Knightdale, NC 27545

919-217-2232/2234

*New forms must be filled out for the new school year*

## Program Registration

Participant's Name \_\_\_\_\_ M F Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_ (16-17 School Year) School \_\_\_\_\_

### Head of Household

Name: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Camp will be available for the following dates:**

**July 1-29**

**August 22-26**

**October 3-21**

**January 3-20**

**March 27-April 19**

**(Camp will be closed 7/4/16, 1/16/17 & 4/14/17)**

**November 23, December 19-22/28-30 (Holiday Camp-Located at Knightdale Recreation Center)**

**Space is limited, please register early. Please register 2 business days prior to the date(s) you are requesting. A \$5 deposit per day is required at the time of registration; balance (less the deposit) is due 2 business days prior to participation date.**

**Cost: \$24 per day**

Write the dates you need here	Deposit	ck #	rcpt #	Balance	ck#	rcpt #
<input type="checkbox"/> 1.						
<input type="checkbox"/> 2.						
<input type="checkbox"/> 3.						
<input type="checkbox"/> 4.						
<input type="checkbox"/> 5.						
<input type="checkbox"/> 6.						
<input type="checkbox"/> 7.						
<input type="checkbox"/> 8.						
<input type="checkbox"/> 9.						

I, the undersigned parent/guardian of a participant in the Knightdale Parks and Recreation Department's Track Out Camp, recognize and acknowledge that there are certain risks of physical injury and agree to assume full risk of any injuries, including death, damages or loss which may be sustained as a result of participating in any and all activities associated with such a program.

I do hereby fully release, discharge and indemnify the Town of Knightdale, the Knightdale Parks and Recreation Department and their officers, agents, servants and employees from any and all claims resulting from injuries, including death damages and losses sustained by me, or the participant, or arising out of, connected with, or in any way associated with the activities of the program.

I have verified my selections above and understand the refund policy. I also understand that the Program Registration form, the Participant Information form and payments are due to the Knightdale Parks and Recreation Department prior to my child/ren being dropped off at Track Out Camp. Payments may not be made at Track Out Camp.

By signing below I verify that I have read, understand and agree to abide by the policies stated in the Track Out Handbook (available at knightdalenc.gov); I also verify that I have discussed the expectations of behavior with my child(ren).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>2016-2017 Track Out Camp</b>	<b>Participant Name:</b>
<b>Track:</b>	<b>School:</b>

Name of Parent/Guardian 1 \_\_\_\_\_

Home #1 \_\_\_\_\_ Work #1 \_\_\_\_\_ Cell #1 \_\_\_\_\_

Name of Parent/Guardian 2 \_\_\_\_\_

Home # 2 \_\_\_\_\_ Work # 2 \_\_\_\_\_ Cell # 2 \_\_\_\_\_

**Participant Release Information (as noted in the Handbook)**

Name	Cell Number	Work Number

**Health Information**

Please indicate (check) if your child has or is subject to:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> asthma         | <input type="checkbox"/> diabetes        | <input type="checkbox"/> fainting spells |
| <input type="checkbox"/> heart trouble  | <input type="checkbox"/> seizures        | <input type="checkbox"/> sinus trouble   |
| <input type="checkbox"/> ear infections | <input type="checkbox"/> motion sickness | <input type="checkbox"/> hyperactivity   |

Allergies? (Please List)

---



---



---

Any restrictions of activity for medical reasons? Please List:

---



---



---

Swimming:                      Red – 2 Feet Area                      Yellow - Water Below Shoulders                      Green – Deep End

**Late Fee Policy**

A \$1 per minute charge will be assessed for every minute after 6:00 pm you are late. The late fee must be paid before your child will be allowed to return to camp.

I have verified my answers above. I understand that the Program Registration form, the Participant Information form and payments are due to the Knightdale Parks and Recreation Department prior to my child/ren being dropped off at Track Out Camp. Payments may not be made at Track Out Camp.

By signing below I verify that I have read, understand and agree to abide by the policies stated in the Track Out Handbook; I also verify that I have discussed the expectations of behavior with my child(ren).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography/Video Waiver**

I authorize Knightdale Parks and Recreation to use videotape, audio or photographic materials of myself or dependent children, for the purpose of promotional materials for the Town of Knightdale programs and services. This includes any printed material, broadcast and print advertising, promotional videos EWTV 22 and the Town website. I understand that my child's name is not published.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_